

ISSUE SIDE STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | ELIZA | | 05-14-01 |
| FORMALITY REVIEW | MW | 920 | 07-09-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 11/5/02 |
| 2 | 11/24/02 |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY
(LEFT INSIDE)

C.C.
5/20/01